

<b>Case Number:</b>	CM15-0142428		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 30-year-old male who sustained an industrial injury on 8/2/13. Injury occurred when he turned around at this workstation and slipped on a plastic spatula and fell, landing in a seated position and twisting to the right. Past medical history was negative. Conservative treatments included medications, physical therapy, home exercise, activity modification, and injections. The 8/11/14 lumbar spine MRI demonstrated a 7 mm broad posterior left paracentral disc protrusion at L5/S1 with resultant significant compression of the left S1 nerve within the spinal canal. There was a 3-4 mm left foraminal disc protrusion at L2/3 with resultant mild to moderate left neuroforaminal narrowing. There was disc desiccation at L2/3 and L5/S1 with mild to moderate disc height loss at L5/S1. The 1/28/14 lumbar spine CT scan impression documented a mild diffuse disc bulge at L3/4. There was a diffuse disc bulge slightly asymmetrically more prominent on the left side at L5/S1 and contacting the left S1 nerve root within the central canal. The 4/28/15 spine surgeon report cited significant back and left leg pain, worse with weight bearing. He had failed conservative treatment, including injections and physical therapy. Physical exam documented a positive left straight leg raise and pain with lumbar extension and flexion. There was left extensor hallucis longus and anterior tibialis weakness, and numbness and pain along the dorsum of his left foot. Imaging and x-rays showed collapse of the L4/5 disc space with disc space narrowing. This resulted in up and down foraminal stenosis and a left sided disc protrusion. The diagnosis was L5/S1 disc protrusion with significant disc space collapse, up and down foraminal stenosis at L5/S1 and left leg radiculopathy. He had isolated collapse of the L5/S1 disc space with foraminal stenosis and

radiculopathy in the L5 and S1 distribution. With a decompression alone, he would continue to have progressive degeneration and collapse of the disc with further foraminal stenosis and continued radiculopathy and back pain. The 6/17/15 treating physician report cited headaches and upper back pain, intermittent bilateral shoulder pain, constant low back/tailbone pain, and intermittent bilateral hip pain. The injured worker complained of stress, anxiety and depression. Physical exam documented tenderness to palpation over the lumbosacral midline, bilateral buttocks, bilateral posterior superior iliac spine and bilateral hamstrings. The spine surgeon's report was noted. Authorization was requested for a L5-S1 anterior discectomy and fusion with plate fixation and decompression, 1-2 day inpatient hospital stay, preoperative labs, chest x-ray, EKG, preoperative clearance, and physician assistant to assist during surgery. The 7/13/15 utilization review non-certified the L5-S1 anterior discectomy and fusion with plate fixation and decompression and associated surgical requests as there was no radiographic or imaging evidence of instability or significant disc space collapse to support the medical necessity of fusion.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**L5-S1 anterior discectomy and fusion with plate fixation and decompression:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic, Discectomy/Laminectomy, Fusion (spinal).

**Decision rationale:** The California MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit both in the short term and long term from surgical repair. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar discectomy that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. The Official Disability Guidelines do not recommend lumbar fusion for patients with degenerative disc disease, disc herniation, spinal stenosis without degenerative spondylolisthesis or instability, or non-specific low back pain. Fusion may be supported for segmental instability (objectively demonstrable) including excessive motion, as in isthmic or degenerative spondylolisthesis, surgically induced segmental instability and mechanical intervertebral collapse of the motion segment and advanced degenerative changes after surgical discectomy. Spinal instability criteria includes lumbar inter- segmental translational movement of more than 4.5 mm. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions,

x-rays demonstrating spinal instability and/or imaging demonstrating nerve root impingement correlated with symptoms and exam findings, spine fusion to be performed at 1 or 2 levels, psychosocial screening with confounding issues addressed, and smoking cessation for at least 6 weeks prior to surgery and during the period of fusion healing. Guideline criteria have not been met. This injured worker presents with significant low back and left leg pain. Clinical exam findings were consistent with imaging evidence of nerve root compromise at the L5/S1 level. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there is no radiographic evidence of spinal segmental instability or spondylolisthesis. There is no discussion of the need for wide decompression that would result in temporary intraoperative instability necessitating fusion. Additionally, the patient is reporting stress, anxiety, and depression with no evidence of a psychosocial screen. Therefore, this request is not medically necessary at this time.

**Associated surgical services: Inpatient stay 1-2 days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical services: Pre-op labs: CBC w/diff, a CMP, PT/PTT, UA with reflex sed rate, blood type and RH, antibody screen and MRSA, CXR, and EKG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical services: Assistant, PA-C: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.